

EXHIBIT A

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

FL

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018069744

DATE ISSUED: APRIL 30, 2018

DECEDENT INFORMATION

DATE FILED: APRIL 27, 2018

NAME: GLADYS MAE TRAWICK

DATE OF DEATH: APRIL 20, 2018

SEX: FEMALE SSN: [REDACTED] AGE: 091 YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: CENTURY, FLORIDA, UNITED STATES

PLACE OF DEATH: DAUGHTER'S HOME

FACILITY NAME OR STREET ADDRESS: 7311 MOBILE HWY.

LOCATION OF DEATH: PENSACOLA, ESCAMBIA COUNTY, 32526

RESIDENCE: [REDACTED]

COUNTY: ESCAMBIA

OCCUPATION, INDUSTRY: HOUSEWIFE, HOMEOWNER

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: AMERICAN INDIAN OR ALASKAN NATIVE: CREEK

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: CHARLIE WOODS

MOTHER'S/PARENT'S NAME: ISABELL GIBSON

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: BRENDA JACKSON

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: [REDACTED]

FUNERAL DIRECTOR/LICENSE NUMBER: JEFFREY S. HEATON, F048941

FUNERAL FACILITY: ROSE LAWN FUNERAL HOME F039975

2942 GULF BREEZE PKWY, GULF BREEZE, FLORIDA 32563

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: KLONDIKE BAPTIST CHURCH CEMETERY
PENSACOLA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 2108

CERTIFIER'S NAME: JAMES M SMITH

CERTIFIER'S LICENSE NUMBER: OS7458

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: APRIL 27, 2018

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. SEVERE PROTEIN CALORIE MALNUTRITION

YEARS

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

PLACE OF INJURY:
IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

Kim Jones

,STATE REGISTRAR

REQ: 2019241220

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

